

EXHIBIT 5

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In re W.R. Grace & Co., *et al.*

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worker CXR must be compared to the appropriate ILO standards to most accurately determine the proper classification. This comparison is a critical step of the classification process.

C. Identifying Small Opacities and the ILO Standards

1. Size and Shape of Small Opacities

Each standard film presents a specific size of either rounded or irregular opacities and a specific profusion or concentration of opacities within the lungs. Other standards display characteristic features of the pneumoconioses such as pleural plaques or large opacities. Small rounded opacities which characterize exposure to coal and silica range in size from up to 1.5mm or "p" sized opacities, to 1.5-3mm or "q" opacities, and to 3-10mm or "r" opacities. Small irregular opacities seen with asbestosis range in size from up to 1.5 or "s" opacities, to 1.5-3mm or "t" opacities, and to 3-10mm or "u" opacities. As part of the classification process, the B-reader must determine the shape and size of the small opacities present. If the shape and size of the opacities are a mix of "s" and "t" opacities with more of the former than the latter, the designation for shape and size would be s/t. If the opacities were all most similar to the "t" opacity, the designation would be t/t.

2. Opacity Profusion, Categories and Subcategories

An individual ILO standard CXR depicts a chest with each size and shape opacity. Thus there is a standard CXR presenting small irregular "s" opacities, while another presents "t" sized opacities, etc.

There are actually 3 standards for each opacity in increasing levels of profusion or concentration. For example, there is a low profusion "t" standard identified as category 1; a second standard with intermediate profusion or concentration of "t" opacities designated as category 2; and finally a third standard with the highest concentration of "t" opacities designated as category 3.